

*Re: 793*

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31, 1999

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

*793*  
Lobbyist's Registration Number

### FOR OFFICE USE ONLY

Postmark Date: *5-11-99*

*REG*

**1990963**

*1# 9305572593*  
*\$ 10.00*  
*KSD*

ETHICS REGISTRATION  
CLERK

1. NAME *COSTA* *SANTANA* MI  
Last First
2. BUSINESS PHONE *281 463 8467*  
Area Code and Phone Number
3. BUSINESS ADDRESS *15902 Wingside Glen Ln Houston, TX 77055*  
Street and No. City State Zip
4. EMPLOYER *Novartis Pharmaceuticals*
5. EMPLOYER'S ADDRESS *59 Route 10 East Hanover, NJ 07936*  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name *Novartis Pharmaceutical Corp.*  
Address *59 Route 10 East Hanover, NJ 07936*  
Business or purpose *Manufacturer & Distributor of Pharmaceuticals*  
Does this person pay you? *Yes*  
If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

HAND DELIVERED

# LOBBYING REGISTRATION FORM

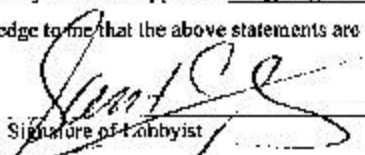
Lobbyist's Registration Number

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Seantres C. Caster, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 11th day of

May, 1998.

Kathleen M. Al  
Notary Public

